

**Brief summary of the consensus guidelines and development of the pharmacological review intervention for the management of behavioral and psychological symptoms related to dementia (BPSD)**

Considerations for pharmacological and non-pharmacological management of BPSD	Proposed action
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**1. Identification of the symptom to treat**

Could the symptom be due to a drug-related adverse effect?	Evaluate suspension or substitution of the drug, assessing the benefit/risk balance
Is there a trigger for the behavior or some organic problem that may be causing it?	Resolve the trigger for the behavior or treat the underlying health problem

**2. Identification of the BPSD to treat**

Is there a non-pharmacological management approach?	Apply a non-pharmacological approach to avoid exacerbation of the symptom
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Is it a symptom that can respond to pharmacological management?

**General considerations when prescribing a psychotropic drug**

1. **NEED:** Is a psychotropic drug needed to treat this symptom?
2. **SIMPLIFYING THERAPY:** If the patient has 2 or more BPSD, can the patient be treated with a single psychotropic drug?
3. **LOW DOSE:** Use of the minimum effective dose
4. **SAFETY:** Is this psychotropic drug associated with adverse effects more often in older people?
5. **REVIEW OF THE MEDICATION:** Based on what criteria and how often will the effectiveness of the treatment be reviewed? Essential for those symptoms that may not respond to treatment.

**3. Recommendations for pharmacological and non-pharmacological management**

The recommendations were based on evidence contained in the related literature and were established by consensus between care levels. The guidelines contain information on the Stopp-Start criteria, and separate algorithms and information for non-pharmacological and pharmacological management of each of the following BPSD: apathy, anxiety, depression, insomnia, psychosis, aggression, and agitation.

In annexes to the document there is information on pharmacologic treatment of symptom clusters, the Cohen-Mansfield Agitation Inventory, and tables describing the recommended dose and most common adverse effects of antipsychotic and antidepressant drugs, dose adjustment for renal failure, and other relevant information.

**Application of these guidelines in the medication review**

**1. Evaluate dementia patients prescribed  $\geq 1$  psychotropic drug for  $\geq 3$  months**

- Clinical assessment: determine whether the patient has comorbidities or is in an end-of life state
- Assessment of dependence: Barthel index
- Cognitive assessment: confirm the diagnosis of dementia: Pfeiffer Test and Global Dementia Scale

**2. Medication review**

- a. **Indication:** For what reason was the psychotropic drug prescribed?
- b. **Effectiveness:** Has this psychotropic drug been effective for controlling the symptom? Is this psychotropic drug recommended for treating this symptom?
- c. **Safety:** Is there therapeutic duplication, a contraindication due to age or comorbidity, an interaction, a drug-related adverse effect, or a prescribing cascade?
- d. **Appropriateness:** Is the dose and dosing interval appropriate for this patient?
- e. **Resolution:**
  - a) **If the medication is not effective:** It is recommended to withdraw the drug or substitute it for another, more appropriate option, following the guideline recommendations.
  - b) **If there is a safety-related incident:** It is recommended to withdraw the drug or substitute it for a safer option

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- c) **If the medication requires adjustment:** It is recommended to adjust the dose, dosing interval, or duration of the psychotropic drug.
  - d) **If the patient is stable:** Can withdrawal of the psychotropic drug be evaluated?
  - e) **If the patient has 2 or more symptoms that have to be treated:** Can the patient be treated with a single psychotropic agent?
  - f) **If the patient was treated with an acetylcholinesterase inhibitors or/and memantine we considered for deprescription** when the state of the dementia patient was rated as GDS-FAST  $\geq 7$ , with Karnofsky score  $< 30$  and with 3 criteria for advanced chronic disease: albumin  $\leq 25$ g/L, multiple comorbidities, recurrent fever or stage III-IV pressure ulcers.
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